






Title I Conference
Missoula, MT

Marilyn J. Bruguier Zimmerman, MSW
National Native Children's Trauma Center
Institute for Educational Research and Service
The University of Montana





- **Established** in Fall 2007 to serve as a Treatment and Services Adaptation Center (Cat II) within the National Child Traumatic Stress Network (NCTSN)
- **Represents** a national expansion of the previously funded Montana Center for Childhood Trauma (BOR approved, 2004)
- **Mission:** *In respectful partnerships with tribes, NNCTC will implement, adapt, evaluate and disseminate trauma interventions to decrease the social, emotional, spiritual and educational impact traumatic experiences have on American Indian and Alaska Native children.*

National Child Traumatic Stress Network



- Established by Congress in 2001
- Data base of more than 20,000 cases confirms ACE results
- Lays case for official diagnosis of developmental trauma
- Some findings:
 - Ninety-six percent of kids in juveniles justice were abused children
 - Adverse events come in clusters
 - Domestic violence is particularly damaging
 - Trauma physically damages a child's brain development
 - Key role in school problems like substance abuse and suicide

Who are your students impacted by trauma?

What are the possible environmental and social characteristics of a student impacted by trauma?



How would you recognize a student that has been impacted by trauma?

Understanding trauma

It begins with the ACE Study



The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted on the links between childhood maltreatment and later-life health and well-being.

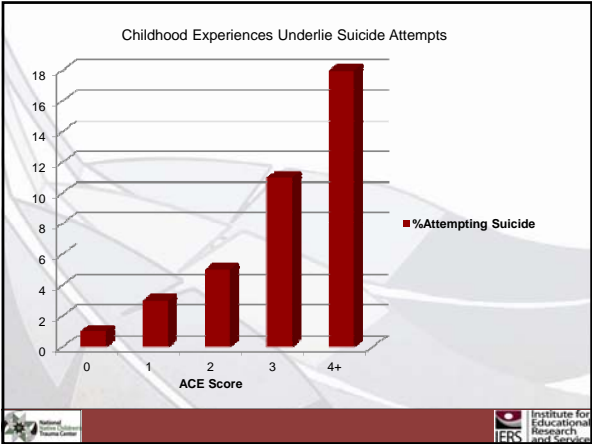



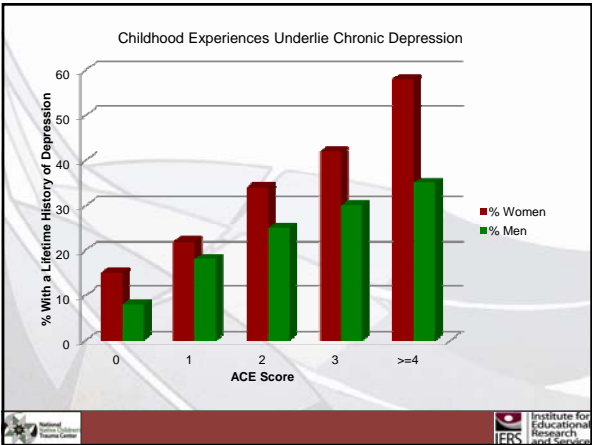
ACE Study questions:

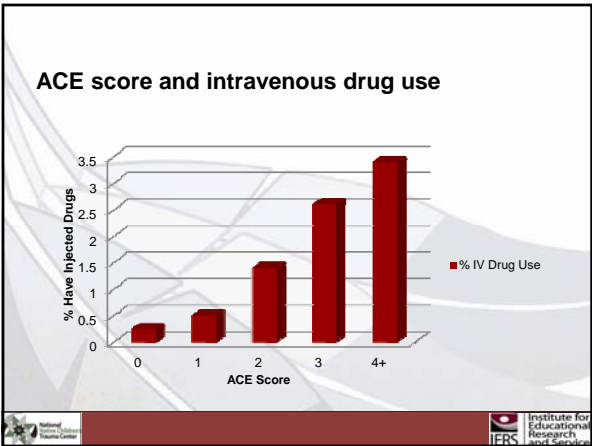
Give yourself one point for each "yes" answer, then add them up to get your ACE score

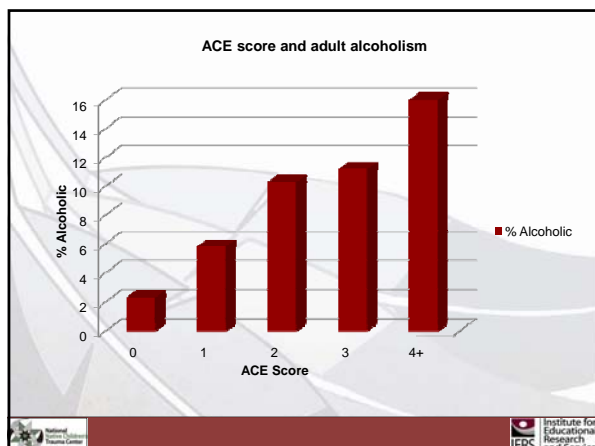
- Did you experience physical abuse?
- Did you experience emotional abuse?
- Did you experience contact sexual abuse?
- Was there an alcoholic or drug-user in your household?
- Was there a member of your household imprisoned?
- Was there a member of your household that was mentally ill, or did you have a depressed parent or institutionalized family member?
- Did you witness your mother being treated violently?
- Were both of your biological parents *absent* from the home?

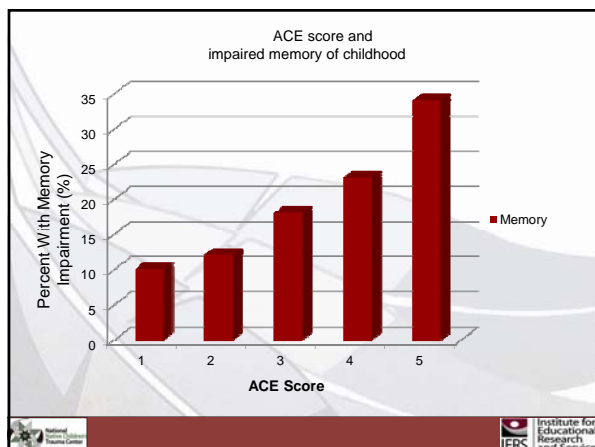













Trauma a fact of life

- In a national study over 90% of those who responded reported at least one lifetime traumatic event.
- On average most reported experiencing 4.8 traumatic events in their lives



12

Logos: National Trauma Center, IERS, Institute for Educational Research and Service

Poverty

- Multifaceted Risks associated with the hardship from depleted economic, emotional, and physical resources, burdens of high stress resulting in negative behaviors
- Trauma and stress from poverty can negatively impact children and adult functioning and increase risk of family violence



13

Poverty continued

- Families living in under-resourced and dangerous communities are exposed to multiple traumas, including current dangers and trauma reminders. . .
- www.nctsn.org



14

Conduit to Trauma Exposure


- Child maltreatment
- Substance abuse in caregivers
- Depression and other mental health disorders in caregivers
- Domestic violence exposure in the family, in particular witnessing the mother treated violently
- Intergenerational trauma
- Historical Trauma
- Community violence
- Experiencing a traumatic accident
- Death of primary caregiver

15

What is Trauma?

- Trauma is
 - Not an event, but a response to a stressful experience, where one's ability to cope is overwhelmed
 - Trauma overwhelms the ability to adapt and generates feels of helplessness and terror




Traumatic Stress

Traumatic Stress causes the primal fight or flight or freeze response.


Traumatic Stress involves terror, helplessness, horror.

Traumatic Stress results in physical sensations -- rapid heart rate, trembling, sense of being in slow motion.



Trauma Factors

- Age
- Relational vs non-relational
- Relationship between victim and perpetrator
- Severity/Duration/Frequency
- Protection
- Caregiver response
- Responsibility and blame
- Community or societal response





Acute Trauma

- Acute Trauma:
 - A traumatic event that overwhelms an individuals ability to cope.
- School shootings
- Gang-related violence in the community
- Terrorist attacks
- Natural disasters (for example, earthquakes, floods, or hurricanes)
- Serious accidents (for example, car or motorcycle crashes)
- Sudden or violent loss of a loved one
- Physical or sexual assault (for example, being beaten, shot, or raped)

(National Child Traumatic Stress Network)

19






Chronic or Complex Trauma

- Complex Trauma:
 - When the individual experiences multiple or chronic and long-term, adverse traumatic events; most often adolescents will have experienced abuse from caregivers.
- Some forms of physical abuse
- Long-standing sexual abuse
- Domestic violence
- Wars and other forms of political violence

(National Child Traumatic Stress Network)

20






Consequences of Chronic/Complex Trauma

Children and Adolescents may experience dysregulation of their emotions..

Children and Adolescents will make efforts to defend against the recurrence of those emotions



Children and Adolescents will reenact their trauma with others.

Trauma Symptoms

- Feelings of guilt
- Low self-esteem
- Depression
- Emotional and psychological numbing
- Rumination of the trauma
- Physical symptoms
- Identify with the primary victim
- Rage/Anger
- Unable to differentiate Affect of others
- Self destructive behaviors
- Substance abuse
- Hypervigilant state
- Dissociation
- Sense of helplessness/hopelessness resulting in suicidal ideation
- Belief in early death



22

Childhood Traumatic Stress



“ Childhood traumatic stress occurs when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced.” (National Child Traumatic Stress Network)

23

- What does that look like for those American Indian children and their families that live with complex trauma?

24

PTSD Prevalence in American Indian/Alaska Native (AI/AN) Populations

- PTSD 22% in American Indian populations (Yellow Horse Brave Heart, 2003).
- 8% in general population (DSM-IV-TR).
- 1.6-6.5% in adolescents (Manson et al., 1996).
 - Children 11-12
 - 100% reported violence exposure
 - 75% clinically significant PTSD symptoms.



Trauma & Substance Abuse for AI/AN

- In a study of 1660 randomly selected individuals from seven different American Indian tribes, researchers examined the effects of traumatic childhood exposures on alcohol abuse.
- 86% of the participants had been exposed to maltreatment as children.
- 9% of the men and 5% of women met criteria for *alcohol abuse*.
- 30% of men and 18% of women met criteria for *alcohol dependency*.
- Over 50% of the participants also had a parent who abused alcohol.
- Study did not assess PTSD symptoms



Trauma & Substance Abuse AI/AN Adolescents

- American Indian adolescents in residential treatment for substance abuse (Deters, Novins, Fickenscher, & Beals, 2006).
 - 98% had been exposed to violence
 - 10% met criteria for full PTSD
 - 14% met criteria for sub-threshold PTSD



Trauma & Suicide for AI/AN Populations

- Depression & PTSD often comorbid (Oquendo et al., 2005; Stein et al., 2003).
- Co-occurrence of PTSD and depression increases risk for suicidal behavior.
- Rates of PTSD and depression higher in American Indian populations (Beals et al., 2006).
- Suicide rates in American Indian populations are one and a half times the rate of suicide in the general population (Olson & Wahab, 2006).



Trauma & Suicide in AI/AN Adolescents

- Northern Plains Tribes (LeMaster, Beals, Novins, & Manson, 2004).
- Ages 15-54
- Females higher prevalence of lifetime suicidal ideation
- 6.6% of males had at least one suicide attempt during their lifetime
- 10.7% of females had at least one suicide attempt in their lifetime



Historical Trauma

- Historical trauma is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.
- Native Americans have, for over 500 years, endured physical, emotional, social, and spiritual genocide from European and American colonialist policy
- Exercise




Consequences of Historical Trauma

- Ineffective or destructive parenting
- Authoritarian and inconsistent or rejecting of child
- Insensitivity to child's needs
- Lack of parental involvement or bonding
- Poor school relations
- Weak spiritual foundations
- Unhealthy family norms
- Weak ethnic identity
- Lack of parental involvement or bonding
- Poor school relations
- Weak spiritual foundations
- Unhealthy family norms
- Weak ethnic identity
- Maria Brave Heart

31

National Trauma Center
Division of Educational Research and Service

Resiliency



- Research has shown that 2/3 of children who experience adverse childhood events will grow up and "beat the odds".
- Adolescents may be resilient in one area in their lives, but not in others
- Resiliency at one developmental phase does not guarantee resiliency at the next.

32

National Trauma Center
Institute for Educational Research and Service

Protective Factors

- Variables that buffer children from adversity.
 - Optimistic temperament
 - Intellectual aptitude
 - Social competency
 - Secure attachments
 - Living in supportive families and safe communities

33

National Trauma Center
Institute for Educational Research and Service

Protective Factors for AI/AN

- Feeling connected to tribe
- Cultural Identity
- Language
- Ceremony
- Spirituality



34

National Trauma Center
Institute for Educational Research and Services

Why Do Schools Need to Know About Trauma

- Students experiencing trauma affects
 - Ability to learn
 - Ability to make friends/social skills
 - Behaviors in the classroom

35

National Trauma Center
Institute for Educational Research and Services

Impact on School Success

- 50% of victims of child maltreatment will experience serious school problems especially behavior issues.
 - (Putman)
- Adolescents will drop out of school at 3 times the rate of the general population
 - (Focal Point, 2007)



36

National Trauma Center
Institute for Educational Research and Services

Impact on Learning

- Lower GPA
- Increased drop-out rates
- More suspensions or expulsions (behavioral issues)
- Decreased reading ability
- Adversely affect memory and attention
- Reduce ability to focus, concentrate, organize, and process information
- Interfere with effective problem-solving
- Result in overwhelming feelings and frustration towards school
- Negative attitude
- Spacing out
- Diminished language and communication skills



37

Impact on Behavior in School



- Avoidance
- Isolation
- Resistance
- Intolerance
- Resentment
- Loneliness
- Distrust
- Restlessness
- Behavior shifts (quiet to loud, outgoing to shy)
- Refuse going to school
- Regressive behaviors
- Increased use of substances
- Self abuse
- Increased risk taking

38

Now that I know what I know what can I do?

39

• **Looking through the trauma-sensitive lens...**
 “Not realizing that children exposed to inescapable, overwhelming stress may act out their pain, that they may misbehave, not listen to us, or seek our attention in all the wrong ways, can lead us to punish these children for their misbehavior...
 If only we knew what happened last night, or this morning before she got to school, we would be shielding the same child we’re now reprimanding.”
 On Playing A Poor Hand Well. Mark Katz
 WSU Area Health Education Center

Trauma-informed Strategies:
 Universal, Targeted, Individualized

Universal Strategies: for ALL students

- Create safe, nurturing environments
- Build positive, trusting relationships with students and families
- Provide consistent, predictable routines and structure
- Create clear behavioral expectations
- Provide specific, positive feedback
- Teach social skills (problem solving, conflict resolution, relaxation, emotional regulation)
- Use consistent consequences that teach

Universal Strategies: for ALL students

- Model appropriate behavior
- Create behavior support teams
- Establish and practice emergency procedures
- Trauma awareness training for all staff (signs, symptoms, triggers)
- Psycho-education about trauma for all students (STAR)
- Self-care training and support teams for staff
- Data collection (tracking behaviors, externalizing and internalizing, ODRs/BIRs, screening for trauma)



43

Targeted Interventions: for SOME students

- Provide choices (build sense of control)
- Intensive social skills instruction (relaxation techniques, coping, anger management, etc.)
- Check-in/Check-Out program
- Mentorship program
- Cognitive Behavioral Interventions for Trauma in Schools (CBITS) groups
- Behavior Support Team (reviews data, problem solving, identifying strategies) – involve family
- Peer network



44

Individualized Interventions: for a FEW



- Individualized strategies to address symptoms (aggression, impulsivity, short attention span, etc.)
- Trauma focused individualized counseling or therapy
- Behavior support team connects student to counselor or therapist, works with family



45

Some Additional Guidelines



- If a student discloses a traumatic event to you, listen and provide support (don't avoid discussion)
- If a student discloses a traumatic event in front of the class, respond and give guidance
- Seek support and consultation
- Maintain confidentiality
- Follow mandated reporting guidelines

Trauma-informed and Evidence-based

Using interventions that have scientific base

Using interventions that have positive outcomes --
reduce symptoms and improve functioning






Evidence-based Interventions

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)


Students Trauma and Resilience (STAR)

Positive Behavior Interventions and Supports (PBIS)

Creating Trauma-Informed Systems

- Schools
- Mental Health
- Juvenile Justice
- Tribal Courts
- Law Enforcement
- Community



40

National Trauma Center Division of Educational Research and Services

Secondary Traumatic Stress Defined

- “the natural and consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other, the stress resulting from helping and wanting to help a traumatized or suffering person”,
 - (Figley, 1995a)

50

National Trauma Center Institute for Educational Research and Services

Examples of traumas seen by school staff

● Physical abuse	● Loss
● Sexual abuse	● Alcohol and substance abuse
● Neglect	● Domestic violence
● Brutality	● Homelessness
● School neglect	● Poverty/hunger
● Abandonment	● Exposure to people with untreated mental illness
● Separation	



51

National Trauma Center Division of Educational Research and Services

Potential Responses to Stress

- **Physical**
 - Sleep disturbances
 - Appetite changes
 - Decreased energy
 - Nausea
 - Upset stomach
 - Fatigue
 - Headache
 - Racing heart/palpitations
 - Sweaty hands
- **Behavioral**
 - Aggression
 - Conflict with others
 - Poor work performance
 - Social withdrawal
 - Loss or shift in self-care
 - Decreased attention to nutrition
 - Use of alcohol or drugs



52

Responses Continued

- **Cognitive**
 - Poor attention, concentration
 - Confusion
 - Difficulty making decisions
 - All-or-none thinking
 - Self-blame
- **Emotional**
 - Anger
 - Avoidance
 - Over-involvement
 - Fear
 - Loneliness
 - Irritability
 - Sadness
 - Feeling overwhelmed
 - Agitation
 - Denial of feelings
 - Increased sensitivity

53






What increases risk of secondary trauma?

- Being overwhelmed
- Being isolated
- Feeling disorganized
- Feeling helpless
- Personal history of trauma and/or depression

Used with permission: Dr. James Carlingi, UM Social Work

54

What Helps

- peer support
- adequate rest
- help from supervisors
- good work environment
- always keep in mind that self-reflection and self-recognition are crucial
- recognition for good work
- boundaries between self and student (“That is their trauma, not mine.”)
- optimism for recovery.
- always keep in mind that self-reflection and self-recognition are crucial

55

National Trauma Center Division of Educational Research and Service

Team Care


- Acknowledge that exposure to student’s trauma takes a toll on school staff
- Recognize that arranging it into more manageable parts reduces the overwhelming quality and disorganizing influence of trauma
- Understand that teamwork and peer support reduce isolation
- Recognize that creating and keeping good work boundaries with students helps school staff prevent becoming and remaining overwhelmed
- Recognize that regular supervision helps reduce the risk of secondary trauma.

Used with permission: Dr. James Carlingi, UM Social Work

56

National Trauma Center Institute for Educational Research and Service

Conclusion



- We cannot ignore the implications of trauma in our children, families and communities.
- The human cost in quality life for American Indians requires us to take action to address childhood trauma
- Evidence-based interventions can make a difference
- Tribes can make a difference
- You can make a difference

57

National Trauma Center Division of Educational Research and Service

Thank You!

marilyn.zimmerman@mso.umt.edu

Institute for Educational Research and Service

The University of Montana

Missoula, MT 59812-6376

406-243-2644 (office)

406-546-8343 (cell)

National Indian Center

Institute for Educational Research and Service

58

References

Beals, J., Manson, S. M., Whitesell, N. R., Spicer, P., Novins, D. K., Mitchell, C. M., & AI-SUPERPFP Team. (2005). Prevalence of DSM-IV disorders and attendant help-seeking in 2 American Indian reservation populations. *Archives of General Psychiatry*, 62, 99-108.

Beals, J., Novins, D. K., Spicer, P., Whitesell, N. R., Mitchell, C. M., Manson, S. M. & AI-SUPERPFP Team. (2006). Help seeking for substance use problems in two American Indian reservation populations. *Psychiatric Services*, 57(4), 512-520.

Breslau, N. (2002). Epidemiological studies of trauma, posttraumatic disorder, and other psychiatric disorders. *Canadian Journal of Psychiatry*, 47, 923-929.

Chambers, D.L. & Ollendick, T.H. (1994). Empirically supported psychological intervention: Controversies and evidence. *Annual Review of Psychology*, 52, 685-716.

Cohen, J. (2003). Treating acute posttraumatic reactions in children and adolescents. *Biological Psychiatry*, 53, 827-833.

Cohen, J., Mannarino, A. & Knudsen, K. (2004). Treating childhood traumatic grief: A pilot study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43, 1225-1233.

Deters, P., Novins, D., Finkenscher, A. & Beals, J. (2006). Trauma and posttraumatic stress disorder symptomatology: Patterns among American Indian adolescents in substance abuse treatment. *American Journal of Orthopsychiatry*, 76(3), 335-345.

National Indian Center

Institute for Educational Research and Service

59

References

Finkelhor, D. & Dzubia-Leatherman, J. (1994). Children as victims of violence: A national survey. *Pediatrics*, 94, 413-420.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Sprague, C., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Lieutaud, J., Mallah, K., Olatson, E., van der Kolk, B. (2007). Complex Trauma in Children and Adolescents. *Focal Point: Research, Policy, and Practice in Children's Mental Health: Traumatic Stress/Child Welfare*. 21(1).

Walker, J. S., Weaver, A., Gowen, L. K., & Aue, N. (Eds.)

Gone, J. (2004). Mental health services for Native Americans in the 21st century. *Professional Psychology: Research and Practice*, 35(1), 10-18.

Indian Health Service. (2005). *Facts on Indian Health Disparities*. Retrieved January 3, 2009, from http://info.ihs.gov/Health/11_DisparitiesFacts-Jan2005.doc

Indian Health Service. (nd). *Trends in Indian Health 1998-1999*. Retrieved April 5, 2003, from <http://www.ihs.gov/PublicInfo/Publications/trends98/trends98asp1999>

Koiss, M., Yuan, N., Dightman, D., Prince, R., Polacca, M., Sanderson, B., & Goldman, D. (2003). Adverse childhood exposures and alcohol dependence among seven tribes.

Native American tribes. *American Journal of Preventive Medicine*, 25, 238-244. Lonigan, C., Phillips, B. & Richey, J. (2003). Posttraumatic stress disorder in children: Diagnosis, assessment, and associated features. *Child and Adolescent Psychiatry*, 12, 171-194.

Morsette, A., Swaney, G., Stolle, D., Schulberg, D., van den Pol, R. & Young, M. (2009). Cognitive Behavioral Intervention for Trauma in Schools (CBITS): School-based treatment on a rural American Indian reservation. *Journal of Behavior Therapy and Experimental Psychiatry*, 40, 169-178.

National Indian Center

Institute for Educational Research and Service



60

Presenter name and grant/center affiliation

20

References

- Olson, L. M., & Wahab, S. (2006). American Indians and suicide: A neglected area of research. *Trauma, Violence, and Abuse*, 7, 19-33.
- Putnam, Frank. *The Impact of Trauma on Child Development*, Juvenile and Family Court Journal; Winter 2006.
- Stein, B., Jaycox, L., Katooka, S., Wong, M., Tu, W., Elliot, M. & Fink, A. (2003). A mental health intervention for schoolchildren exposed to violence: A randomized control trial. *The Journal of American Medical Association*, 290, 603-611.
- Thornton, R. (1987). *American Indian holocaust and survival: A population history since 1492*. Norman: University of Oklahoma Press.
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- U.S. Department of Interior. (2002). Bureau Highlights. *Bureau of Indian Affairs*. Retrieved December 1, 2008, from <http://www.doi.gov/budget/2003/03Hilites/BH77.pdf>
- Wood, J., Foy, D., Layne, C., Pynoos, R., & James, B. (2002). An examination of the relationships between violence exposure, posttraumatic symptomatology and delinquent activity: An "ecopathological" model of delinquent behavior among incarcerated adolescents. *Journal of Aggression, Maltreatment, & Trauma*, 6, 127-147.



References

- Yellow Horse Brave Heart. M. (2003). Historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35, 7-13.
- Zahrn, H. S., Kobau, R., Moriarty, D. G., Zack, M. M., Giles, W. H. & Lando, J. (2004). Self-reported frequent mental distress among adults United States, 1993-2001. *Morbidity and Mortality Weekly Report*, 53, 963-966.

